

Minutes of Meeting 3rd May 2017 At Rosebery Medical Centre

North Charnwood PPG Locality Forum

Many thanks once again to Rosebery Medical Centre for providing a meeting room.
Colleagues remember being taught in the Infants school!

Present:

Bridge Street	Eleanor Hood Sian Evans
Charnwood CMG	Carole Jefferson - Minutes Mick Gregory Paul Hanlon Roger Harris
Dishley Grange	Peter Boulton – Facilitator Ann Bullock Nic Chauhan
Forest House	Jane Lynch Mal Garget
Park View	Mandy Dakin Bev Gillman
Pinfold Gate	Gina Challoner Martin Maguire
Woodbrook	Colin Machin
University	-
Federation	-
Observer	Chris Rye, Peoples Forum

Apologies

John Todd, Paul Sheen, John Bristow, Helen Quinn, Ingrid Jones (Federation Delivery Manager).

1. Welcome

Peter welcomed us all, especially new comers – Gina Challoner, (Chair of Pinfold Gate PPG) Roger Harris (CCMG) Nic Chauhan (Dishley Grange) and an observer, Chris Rye, from The Peoples Forum, a charity funded by the CCG which provides a voice for patients with Mental Health concerns. Apologies were noted.

2. Minutes of the last meeting, 3rd May 2017 were approved.
 - a. Item 4a ii - Park View's coffee morning. The item should now read 'Set up coffee mornings to support and engage vulnerable patients'. The rest of the minute is deleted
 - b. Item 6 – Bloods and Sutures. Paul explained that blood tests and suture removal requested by hospitals was a voluntary community based service. The service became unsustainable financially at the Practice and is now carried out at the Urgent Care Centre

3. Presentation on the Federation and how the Locality Forum can support (Paul Hanlon)
 - a. Since 1st June this year, Paul has worked half of his time as Deputy Managing Director of the North and South Charnwood federation and art of his role is that of patient engagement
 - b. Paul gave a very interesting presentation on the CCG/Federation link and the federation work streams. (Power Point Presentation enclosed)
 - i. Notes...
 - ii. *Federation and CCG*
 1. The nine Practices in North Charnwood have contracts with the CCG to deliver primary care services.
 2. Practices are autonomous individual businesses and choose to work collaboratively (Federation) in order to deliver the contract in a more sustainable way.
 3. The federation works closely with the CCG but cannot provide services if the CCG doesn't commission them.
 - iii. *Federation work plan*
 1. Workforce – jointly supporting the training of medical students and nurses, so that they can experience a variety of settings and possibly stay to work in the area after qualifying.
 2. The QIPP programme is now with the federation, not individual practices.
 3. Urgent Care and extended GP opening. The Federation and DHU have the contract to run the UCC, delivering the contract specified by the CCG.
 4. Sustainable General Practice. Examples - It's possible to enjoy the economies of scale and try to source supplies more cheaply. It might be possible to share the employment costs of a salaried GP rather than the more costly option of buying n locums. Many other ideas to work on.
 - iv. *Patient involvement ideas for how we could support*
 1. Sharing information about what is going on in the Federation.
 2. Allowing medical students to sit in on our meetings and ask for our ideas.
 3. QIPP programme. Medicines wastage is a big one to tackle. How can we cut down waste? There would be a role for PPGs to get the message out to patients.
 4. Self-care and accessing professional care when patients need it. Work on how patients use the system would be very helpful.
 5. Supporting GPs on joint projects, sharing good practice.

6. GP Practice funding – what is the best way to get the message to patients?
 7. Urgent Care and Extended GP access – the UCC have the equivalent of a PPG. Perhaps that group could feed into the Locality Forum?
 8. Extended GP access – PPG involvement.
 9. Multispecialty Community Provider – it would be useful to share ideas on how to deliver.
- v. Paul offered to provide us with more details at the next meeting.
- c. Q&A
- i. What are the highest priorities
 1. Medicines wastage. There was a discussion on how it can happen. For example, there are a billion prescriptions issued annually to Mental Health patients and only 30% are used properly.
 - ii. Who is the patient rep on the Federation board and how were they chosen?
 1. An email went round to everyone asking for an expression of interest. Mick Gregory answered the call.
 - iii. Who else is on the Federation board?
 1. One GP partner from each Practice.
 - iv. What does the Federation think of the quality of CQC reports?
 1. The federation doesn't have a view. But, although practices agree that being regulated is a good thing, there are questions about how that should be done.
 2. The CQC has been under a lot of pressure to carry out their inspections and some practices feel that the report doesn't accurately reflect their work.
- d. Thankyou Paul for a very interesting and informative presentation.

4. Sharing Articles for newsletters (Colin Machin, Woodbrook PPG)

- a. The most recent newsletter had been circulated previously and printed copies were available
- b. Colin posed the question 'Why a Newsletter?' All of the material in Paul's presentation has previously appeared in Woodbrook's newsletters. They are a way of communicating with patients.
- c. The newsletter is published on an *ad hoc* basis as articles arrive on Colin's desk. Some are sourced from the NHS website.
- d. To make articles available to other PPGs would be possible by emailing them out – there is no need at this stage for server space.
- e. Formatting the document is the thing that takes a lot of time, to achieve a polished publication. Adopting a similar format would assist when sharing.
- f. 200 copies are printed and left in the waiting room. It isn't possible to email them direct to patients.
- g. Comments

- i. The language used needs to be accessible for patients who don't read or speak English
 - ii. The document needs to be written in a bigger font and printed on paper that doesn't dazzle (visually impaired patients). Coloured paper would help dyslexic readers.
 - iii. Pictures provide visual cues.
 - iv. Inclusiveness is something that we all strive for but taking account of every individual need is difficult. We can only do our best.
 - v. Forest House surgery pays to distribute newsletters in with the local free paper and copies are displayed in shops and pharmacies.
- h. Colin proposed that each PPG who has one, send a copy of their newsletter to everyone else. Seconded by Mal and agreed. Send copies to Carole, who will send them on. carole@djassoc.f9.co.uk
- i. Colin suggested that PPGs who are interested get together. If you want to do this, contact Colin on C.H.CMachin@gmail.com

Thank you Colin for showing us your very interesting newsletter and offering a way to help other PPGs

Eleanor and Sian raised the question of staff safety, in the context of protecting them from attack. What happens in our practices, should we share?

- The NHS has a lot of advice on this matter for practices to follow.
- It is the responsibility of the Partners in the Practice to ensure Health and Safety needs of their staff (and patients) therefore, this isn't a matter in which PPGs should be involved.
- Thank you Eleanor and Sian for raising the matter.

5. Pinfold Gate's Patient Experience Survey

- a. The survey has been completed by GPs Patients and the Locality Group.
- b. Martin will e mail the results to Carole to circulate
- c. As the number of responses so far is small, we will ask our own PPGs to complete the forms.
- d. A 'symptom form' has been devised which is intended to help patients to prepare for their appointment by noting their symptoms. Carole will email this out to PPGs for their comments
 - i. Actions:
 - ii. Martin will email the survey form, the results so far and the symptom form to Carole
 - iii. Any responses should be sent to Martin please m.c.maguire@lboro.ac.uk
- e. As Martin always has to present his items in a rush at the end, we will ensure that he is top of the agenda next time. ☺

6. Other business

- a. It was noted that the CCG PPG network meeting/AGM, September 11th 2017 seems to be an AGM only.
- b. Members will raise the matter at the CCG PPG Network meeting next week, July 27th 2017

7. Date of next meeting – 4th October 2017

- a. The agenda will include an update on Pinfolds Patient experience survey (Martin)
- b. Further information on the Federation work streams (Paul)

- c. Please e mail other agenda items to Carole carole@djassoc.f9.co.uk or Peter pboulby@btinternet.com

The meeting closed at 18.40 ish. Peter thanked everyone for their attendance and contributions

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